

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

In re MICHAEL B. SARACENO JR.,
Debtor

Case No.

13-18784

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: NOV 2017

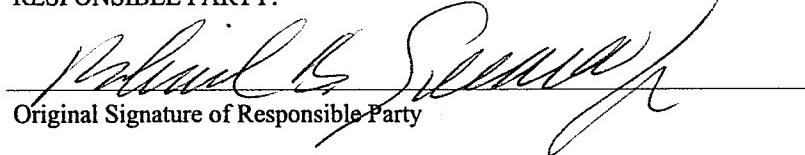
Date filed: 12.8-17

Line of Business: RENTALS

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

MICHAEL B. SARACENO JR.

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input type="checkbox"/> | <input type="checkbox"/> n/a |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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- | | | |
|---|-------------------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL INCOME \$ 12,637.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month	\$ _____
Cash on Hand at End of Month	\$ _____

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL \$ —**

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL EXPENSES \$ 11,001.00

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)

\$ 12,637.00

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)

\$ 11,001.00

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH

\$ 1636.00

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL PAYABLES \$ _____

(*Exhibit D*)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (*THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.*)

TOTAL RECEIVABLES \$ _____

(*Exhibit E*)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(*Exhibit F*)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 12,000.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH: \$ 11,400.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH: \$ 11,000.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH: \$ 400.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



November 16, 2017

31 T 0474 0000 R 52 AO

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

Questions about your account?
1-800-KEY2YOU (1-800-539-2968)

Or, write us:
KeyBank National Association
P.O. Box 94825
Cleveland, Ohio 44101

Get less mail and enroll in Online Statements today!



Key Express Checking

Account number: 7806214453

Account title: MICHAEL B SARACENO JR
DEBTOR IN POSSESSION

Balance on Oct 18, 2017	\$8,051.56
Additions	
Deposits	12,637.70
Deductions	
Withdrawals	10,454.75
Checks paid	546.86
Balance on Nov 16, 2017	\$9,687.65



KeyNotes

Revisions will be made to the Deposit Account Agreement and Funds Availability Policy provided to you when you opened your KeyBank Account as amended. Effective November 15, 2017, PART II - FUNDS AVAILABILITY POLICY section 6. Longer Delays May Apply. Exception Holds: will be revised to change the length of time an Exception Hold is placed on funds you deposit by check from no later than the seventh business day after the day of your deposit to no later than the fifth business day after the day of your deposit. Also effective November 15, 2017, section 7. Special Rules for New Accounts will be revised to change the length of time a New Account Hold is placed on funds you deposit by check from no later than the ninth business day after the day of your deposit to no later than the fifth business day after the day of your deposit.

Section 6. Exception Holds will be revised as follows:

Exception Holds: In addition, funds you deposit by check may be delayed for a



Member FDIC

000007806214453-03290
2302



November 16, 2017

Deposits

Date	Description	Amount
10-20	Deposit Branch 0474 Pennsylvania	\$600.00
10-27	Deposit Branch 0474 Pennsylvania	1,800.00
10-30	Deposit Branch 0474 Pennsylvania	600.00
11-6	Deposit Branch 0474 Pennsylvania	6,295.00
11-8	Direct Deposit, Ssa. Treas 310 Xxsoc Sec	1,851.70
11-9	Deposit Branch 0474 Pennsylvania	1,000.00
11-10	Deposit Branch 0474 Pennsylvania	491.00
Total		\$12,637.70

Withdrawals

Date	Description	Amount
11-3	Withdrawal Branch 0474 Pennsylvania	\$9,265.45
11-7	Direct Withdrawal, Aetna Life Insurins Pymt	154.83
11-13	Bill Pay:Ugi Utilities, Inc 514812 9Ba95Pta	13.82
11-13	Bill Pay:Ugi Utilities, Inc 514812 Ubo9Fpta	29.26
11-13	Bill Pay:Pennsylvania Power 758200 Cbl9Fpta	29.79
11-13	Bill Pay:Pennsylvania Power 249601 Lbj9Fpta	102.05
11-13	Bill Pay:Pennsylvania Power 906956 Sb59Fpta	148.29
11-13	Bill Pay:Lehigh County Auth 47434 7B99Fpta	158.87
11-13	Bill Pay:Lehigh County Auth 47432 3Bo94Pta	230.61
11-13	Bill Pay:Lehigh County Auth 45316 Ibh95Pta	236.63
11-16	E-Check# 0000000342 Chase Credit Crd Chkpaymt	85.15
Total		\$10,454.75

Checks paid** Indicates a break in numeric sequence*

Number	Date	Trace ID	Amount	Number	Date	Trace ID	Amount
334	10-23	61781247	\$26.82	337	10-19	28241733	18.00
* 336	10-19	28258310	85.15	338	10-20	61633931	416.89
				Total			\$546.86

Aggregate Overdraft and Returned Item Fees

	Total for this period	Total Year-to-Date This Year	Total Year-to-Date Prior Year
Total Returned Item Fees	\$0.00	\$34.00	\$0.00

